## INDUSTRIAL DISCHARGE PERMIT REPORTING FORM

Milbank Manufacturing Company	
P.O. Box 754	
1400 E. Havens	
Kokomo, IN 46903-0754	
<u>-</u>	-
	P.O. Box 754

0 1 9 0 0 1 1 2 9 7
PERMIT # OUTFALL # MO YR

PLEASE COMPLETE AND SUBMIT THIS FORM BY NO LATER THAN THE 28 th DAY OF THE FOLLOWING MONTH TO:

PRETREATMENT ADM.
KOKOMO WWTP
1501 W MARKLAND AVE
KOKOMO IN 46901

EFFLUENT CHARACTERISTICS	рН	Cr	Zn	HexCr	CN	OTT
SAMPLE TYPE	Grab	24 Hour	24 Hour	Grab	24 Hour	Grab
FREQUENCY	2xYear	2xYear	2xYear	2xYear	2xYear	2xYear
EFFLUENT LIMITATIONS	6	2.23	2.10	0.50	0.70	1.72/
WEEKLY/MONTHLY	10	1.38	1.19	N/A	0.52	N/A
UNITS	S. U.	mg/l	mg/l	mg/l	mg/l	mg/l
DATE OF SAMPLE	><			$\geq \leq$	$\geq \leq$	$\geq <$
12/3/97		<0.020	0.422		<0.005	<0.005
12/4/97	8.0			<0.010		
	-	-				
			-			
		-	<b>-</b>	-		
MONTHLY AVERAGE		<0.020	0.422	<0.010	<0.005	<0.005
MAXIMUM VALUE	8.0	<0.020	0.422	<0.010	<0.005	<0.005
MINIMUM VALUE	8.0	<0.020	0.422	<0.010	<0.005	<0.005
FLOW (GALLONS PER DAY)	12,868					

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Agent	Date

## INDUSTRIAL DISCHARGE PERMIT REPORTING FORM

Milbank	Manı	afacturing	Company
P.O. Box	× 754	1	
1400 E.	Have	ens	
Kokomo,	IN	46903-075	4

0 1 9 PERMIT #

0 0 1 OUTFALL 1 2 9 7 MO YR PLEASE COMPLETE AND SUBMIT THIS FORM BY NO LATER THAN THE 28 th DAY OF THE FOLLOWING MONTH TO

PRETREATMENT ADM KOKOMO WWTP 1501 W MARKLAND AVE KOKOMO IN 46901

EFFLUENT CHARACTERISTICS	Cd	Cu	Pb	Ni	Ag	
SAMPLE IYPE	24 Hour	24 Hour	24 Hour	24 Hour	24 Hour	
FREQUENCY	2xYear			2xYear		
EFFLUENT LIMITATIONS	0.56	2.72	0.56	3.21	0.35	
WEEKLY/MONTHLY	0.21	1.67	0.35	1.92	0.19	
UNITS	mg/l	mg/l	mg/l	mg/1	mg/l	
DATE OF SAMPLE		$\geq \leq$			><	$\geq \leq$
12/3/97	<0.010	<0.020	<0.020	<0.020	<0.010	
MONTHLY AVERAGE	<0.010	<0.020	<0.020	<0.020	<0.010	
MAXIMUM VALUE	<0.010	<0.020	<0.020	<0.020	<0.010	
MINIMUM VALUE	<0.010	<0.020	<0.020	<0.020	<0.010	
FLOW (GALLONS PER DAY)	12,86	8				

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Authorized Agent	Date